FORM APPROVED Division of Health Care Facilities (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION **IDENTIFICATION NUMBER:** COMPLETED AND PLAN OF CORRECTION A. BUILDING: 01 - MAIN BUILDING 01 R 07/12/2019 TN9505 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 932 BADDOUR PARKWAY QUALITY CENTER FOR REHABILITATION AND LEBANON, TN 37087 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG **DEFICIENCY**) {N 000} {N 000} Initial Comments A Life Safety revisit survey was conducted on 07/12/2019 for the previous deficiencies cited on 06/10/2019. The deficiencies have been corrected, and no new non compliance was found. The facility is in compliance with all regulations surveyed.

Division of Health Care Facilities LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

- No. 3565 F. 2

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	of Health Care Fac					
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED		
		TN9505	B. WING	subdection .	05/0	6/2019
NAME OF	PROVIDER OR SUPPLIER	STREETAD	DRESS, CITY, S	STATE ZIP CODE		
	CENTER FUR KENA	ADILITATION AND		CROSS-REFERENCED TO THE APPRIC	DDIATE	DATE
IAG	REQUESTORY OR L	GO IDENTIFYING INFORMATION)	TAO	DEFICIENCY)	FRIATE	
N 000	Initial Comments		N 000			
	State of Tennessee Division of Health L Office of Health Ca During this Life Saf Rehabilitation and I substantial complia participation in Med CFR Subpart 483.7 Department of Hea Care Facilities Cha For Nursing Homes	Survey was conducted by the Department of Health Licensure and Regulations re Facilities on 05/06/2019, ety Survey Quality Center for Healing was found not in note with the requirements for Licare/Medicaid with Title 42 (0(a), The Rules of Tennessee (th Board for Licensing Health pter 1200-08-06 Standards s, and National Fire Protection 101 Life Safety (2012)				
	repaired in accorda approved Fire Stop requirements of AS Method for Fire Tes Stops, or ANSI/UL of Through-Penetra used shall be recor- be maintained for the Stop Systems should	equiring Fire Stop shall be note with a tested and System meeting the TM E 814, Standard Test its of Through Penetration Fire 1479, Standard for Fire Tests ation Firestops. The system ded and documentation shall ne life of the installation. Fire lid be on site and available for llow-up visit. Any Engineering es state approval.		I		
N 831	maintain the condition the overall nursing	shall construct, arrange, and on of the physical plant and home environment in such a fety and well-being of the	N 831			
ORATORY		ER/SUPPLIER REPRESENTATIVE'S SIG	NATURE	Almon Strato	Wo	(X6) DATE

No. 3535 P. 21

PRINTED: 05/09/2019

SIMIEWIE	OF CONNECTION OF BENEFICIES	(AT) TRANSPORTED REPROPER		01 - MAIN BUILDING UT	COMBLETED
		TN9505	8. WING		05/06/2019
	PROVIDER OR SUPPLIER	932 BADI	DRESS, CITY, DOUR PARK N, TN 37087		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
N 000	Initial Comments		N 000		
	State of Tennessee Division of Health L Office of Health Ca During this Life Safe Rehabilitation and I substantial complia participation in Med CFR Subpart 483.7 Department of Health Care Facilities Chapter Nursing Homes Association (NFPA) Edition).	Survey was conducted by the Department of Health icensure and Regulations re Facilities on 05/06/2019, ety Survey Quality Center for fealing was found not in nce with the requirements for licare/Medicaid with Title 42 (0(a), The Rules of Tennessee Ith Board for Licensing Health pter 1200-08-06 Standards s, and National Fire Protection 101 Life Safety (2012)			
	repaired in accorda approved Fire Stop requirements of AS' Method for Fire Tes Stops, or ANSI/UL of of Through-Penetra used shall be record be maintained for the Stop Systems shou	equiring Fire Stop shall be note with a tested and System meeting the TM E 814, Standard Test its of Through Penetration Fire 1479, Standard for Fire Tests ition Firestops. The system ded and documentation shall ne life of the installation. Fire Id be on site and available for llow-up visit. Any Engineering es state approval.	<		
	maintain the conditi the overall nursing i manner that the saf residents are assure	shall construct, arrange, and on of the physical plant and nome environment in such a ety and well-being of the	N 831		-
ABORATORY		ER/SUPPLIER REPRESENTATIVE'S SIG	NATURE	Almonstrator	(X6) DATE 573/16 If continuation sheet 1 of 8

Administrator 5/23/19
G8QZ21 If continuation sheet 1 of 5

No. 3535 P. 22

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Division of Health Care Facilities						
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION : 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED	
		TN9505	B. WING		05/06/2019	
NAME OF	PROVIDER OR SUPPLIER		TADDRESS, CITY,			
QUALIT'	Y CENTER FOR REHA	DILITATION AND	ADDOUR PARK NON, TN 37087			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID DOCCIV	PROVIDER'S PLAN OF CORRECT FACH CORRECTIVE ACTION SHOU	TION (X5) JLD BE COMPLETE	
N 831	Continued From pa	ge 1	N 831	5		
94 I E	maintain the overal	ons, the facility failed to environment.		± 10	o ka viete o	
	revealed flammable lobby above the cei wall: NFPA 101, 8.3.5.1 (2. Observation on Crevealed the quality wall is not sealed at NFPA 19.3.6.2.2 (20) 3. Observation on Crevealed a copper wall above m 7. NFPA 19.3.6.2.2 (20) 4. Observation on Crevealed a 6" by 8" above the ceiling over station. NFPA 19.3.6.2.2 (20) 5. Observation on Crevealed 3 conduits the ceiling across fr NFPA 19.3.6.2.2 (20) 6. Observation on Crevealed a hole in the com. NFPA 19.3.6.2.2 (20) 7. Observation on O	5/06/2019 at 5:38 PM, ifire foam used in the qualiting at the joints of the external street in the deck of 12 Edition) 5/06/2019 at 6:00 PM, in per the TV by the C/D nurser in the the concrete wall the the TV by the C/D nurser in the mezzanine stairway of 12 Edition) 5/06/2019 at 6:38 PM, and 2 wires not sealed about the mezzanine stairway of 12 Edition) 5/06/2019 at 6:54 PM, are wall in the C/D linen/sup	dor s	N831 - Building Standards 1. Corrective Action: ADM or design replaced or placed proper fire sto in the quality lobby above the ceil quality lobby cross corridor smoke corridor wall above RM 7, concret C/D nurses station, celling across mezzanine stali way, hole in wall i linen room, Doors by B Hall dining wall over the A/B breakroom, wall in R wall in RT room, above electric pa A/B vending room, above the bird the celling of laundry, wall on was of laundry, above the DME office, above RM 83, cross corridor door Hall, wall behind monitors at RM2 138, celling of Skilled IT room, wa between laundry and South Nursilatching hardware, ICF lobby door properly, proper hardware on fire RM 110, walls by RM 84, wall by R Contractors were inserviced to se penetrations they create using the fire stop system. 2. Identifying other residents with to be affected: ALI residents in tha areas had the potential to be affected.	p system ing, e wall, e wall at from the g c/D g room, a line gM 28, mel In I cage, sher side ceiling s In A 112, 117, II e station latching doors by RM 110. al the e proper potential me noted	

Division of Health Care Facilities STATE FORM

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If continuation sheet 2 of 5

Vo. 3535 P. 22 PRINTED: 05/09/2019 FORM APPROVED

Division	of Health Care Faci			= animte(ACCON	L(V2) DATE 9	RIIBVEV
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED		
ANDIDAN	OF COMMESTION		A BUILDING.	of - MAIN BOILDING O.	1	
		TN9505	B WING		05/0	6/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
OHALITA	CENTER FOR REHA	DILITATION AND	OUR PARK			
QUALITY		ELBANOI	N, TN 37087		10N	0.75
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LDBE	(X5) COMPLÉTÉ DATE
N 831	Continued From pa	ge 1	N 831			
	This Rule is not me Based on observati maintain the overall	ons, the facility failed to				
-	The findings include	e!	-			
	1. Observation on 0 revealed flammable lobby above the cei wall: NFPA 101, 8.3.5.1 (2. Observation on 0 revealed the quality wall is not sealed at NFPA 19.3.6.2.2 (20 3. Observation on 0 revealed a copper pwall above rm 7. NFPA 19.3.6.2.2 (20 4. Observation on 0 revealed a 6" by 8" above the ceiling ov station. NFPA 19.3.6.2.2 (20 5. Observation on 0 revealed 3 conduits the ceiling across fm NFPA 19.3.6.2.2 (20 6. Observation on 0	5/06/2019 at 5:38 PM, fire foam used in the quality ing at the joints of the exterior 2012 Edition) 5/06/2019 at 5:40 PM, lobby cross corridor smoke the deck 012 Edition) 5/06/2019 at 6:00 PM, ipe not sealed on the corridor 012 Edition) 5/06/2019 at 6:12 PM, nole in the concrete waller the TV by the C/D nurses 012 Edition) 5/06/2019 at 6:38 PM, and 2 wires not sealed above om the mezzanine stairway. 012 Edition) 5/06/2019 at 6:54 PM, are wall in the C/D linen/supply		N831 - Building Standards 1. Corrective Action: ADM or designer replaced or placed proper fire stop in the quality lobby above the ceilinguality lobby cross corridor smoke corridor wall above RM 7, concrete C/D nurses station, celling across finezzanine stairway, hole in wall in linen room, Doors by B Hall dining wall over the A/B breakroom, wall in RI wall in RT room, above electric par A/B vending room, above the bird the celling of laundry, wall on wasl of laundry, above the DME office, above RM 83, cross corridor doors Hall, wall behind monitors at RM1: 138, ceiling of Skilled IT room, wall between laundry and South Nurse latching hardware, ICF lobby door properly, proper hardware on fire RM 110, walls by RM 84, wall by R Contractors were inserviced to see penetrations they create using the fire stop system. 2. Identifying other residents with p to be affected: ALI residents in the	system ing, wall, wall, wall at room the cC/D room, line M 28, ner side ceiling ln A 12, 117, station latching doors by M 110. latthe proper	J. 19
	7. Observation on 0 revealed a gap over	5/06/2019 at 6:54 PM, 3/4" under the 3 hour fire		areas had the potential to be affec		

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If continuation sheet 2 of 5

No. 3535 F. 23

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Division	of Health Care Faci				Laus: p.ee	augues.
	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	E CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED	
		TN9505	B. WING		05/0	6/2019
	PROVIDER OR SUPPLIER Y CENTER FOR REHA	PILITATION AND 932 BADE	DRESS, CITY, S DOUR PARKIN, TN 37087	STATE, ZIP CODE WAY		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED 10 THE APPRO DEFICIENCY)	LDBE	(X5) COMPLETE DATE
N 831	4.8.4.1 (2012 Editional 8. Observation on 0 revealed a gap in the breakroom. NFPA 19.3.6.2.2 (2019. Observation on 0 revealed a data line A/B breakroom. NFPA 19.3.6.2.2 (2010. Observation on revealed a hole in the NFPA 19.3.6.2.2 (2011. Observation on revealed a hole in the NFPA 19.3.6.2.2 (2011. Observation on revealed a smooth of electrical panel EM1 NFPA 19.3.6.2.2 (2011. Observation on revealed structural strictly barrier above the NFPA 101, 8.3.5.1 (2011. Observation on revealed foam arount he laundry room. NFPA 19.3.6.2.2 (2011. Observation on 19.3.	dining room. 2012 Edition), NFPA 80, n) 5/06/2019 at 7:22 PM, re wall not sealed over the A/B 012 Edition) 5/06/2019 at 7:22 PM, re conduit not sealed over the 012 Edition) 05/06/2019 at 7:26 PM, re wall in room 28. 012 Edition) 05/06/2019 at 7:33 PM, re wall of the respiratory room 012 Edition) 05/06/2019 at 7:37 PM, re onduit not sealed above 1 in the A/B vending room 012 Edition) 05/06/2019 at 7:53 PM, re bird cage 2012 Edition) 05/06/2019 at 7:53 PM, re bird cage 2012 Edition) 05/06/2019 at 7:53 PM, re bird cage 2012 Edition)	N 831	designee replaced or placed prope stop system in the quality lobby ab ceiling, quality lobby cross corridor wall, corridor wall above RM 7, corwall at C/D nurses station, ceiling a from the mezzanine stairway, hole in C/D linen room, Doors by B Hall room, wall over the A/B breakroom line over the A/B breakroom, wall 28, wall in RT room, above electric A/B vending room, above the bird the ceiling of laundry, wall on was of laundry, above the DME office, above RM 83, cross corridor doors Hall, wall behind monitors at RM1 138, ceiling of Skilled IT room, wall between laundry and South Nurse latching hardware, ICF lobby door properly, proper hardware on fire RM 110, walls by RM 84, wall by R Contractors were inserviced to see penetrations they create using the fire stop system. 4. How corrective action will be more ADM or designee will do weekly as weeks of the fire walls and smoke, doors ADM or designee will then do more audits x 2 months. The results from audits x 2 months. The results from audits will be presented to the QA committee for further review. Any issues or concerns will be addressed QAPI committee.	r fire r smoke	
	revealed mixed fire a conduit in the corrido	stop around an electrical or wall on the washer side.				

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No. 3535 F. 24 PRINTED: 05/09/2019

FORM APPROVED

Division of Health Care Facilities								
STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		E CONSTRUCTION	(X3) DATE	SURVEY LETED		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A BUILDING:	01 - MAIN BUILDING 01				
		TN9505	B WING		05/0	6/2019		
	40.44954455		DDECC CITY	ETATE ZIP CODE				
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 932 BADDOUR PARKWAY							
QUALITY	CENTER FOR REHA	ADILITATION AND	N, TN 37087					
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOULD	ON LD BE	(X5) COMPLETE		
PREFIX TAG	REGULATORY OR L	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPRO	PRIATE	DATE		
1/10				DEFICIENCY				
N 831	Continued From pa	70 J	N 831	- Afri				
וכסאו								
	NFPA 19.3.6.2.2 (20	012 Edition)						
	40.01	05/00/2010 of 7:54 DM						
	16. Observation on	05/06/2019 at 7:54 PM, ealed with flammable foam	41	(8 11.65				
	above the DME office					, 1		
	NFPA 19.3.6.2.2 (20							
		05/06/2019 at 7:58 PM,						
		conduits not sealed not sealed						
	across from room 8 NFPA 19.3.6.2.2 (20							
	NFFA 15,3.0,2,2 (2)	O12 Edition/						
	18. Observation on	05/06/2019 at 8:00 PM,						
	revealed the 2 hour	fire barrier deck joint above						
		oors by the day area in A hall						
	was filled with flamr							
	NFPA 101, 8.3.5.1 (2012 Edition)						
	19. Observation on	05/06/2019 at 8:01 PM,						
84	revealed a hole in the	he corridor wall behind the						
ì		l2, 117, and room 138.						
	NFPA 19.3.6.2.2 (20	012 Edition)						
	20 Observation on	05/06/2019 at 6:04 PM,						
		d penetrations in the ceiling of						
	the skilled IT room.							
	NFPA 19.3.6.2.2 (20	012 Edition)						
		05/00/00/00 11 0 00 500						
J		05/06/2019 at 8:30 PM, doors in the 4 hour fire wall						
		d S nurses station did not						
	have lower latching	hardware.						
	NFPA 101, 8.3.3.1 (2012 Edition), NFPA 80,						
)	6,4.4.1 (2010 Editio	n)						
	00 01	DEIDOIO010 - LO.22 DM		.2				
		05/06/2019 at 8:33 PM, cross corridor smoke door		e e				
	with latching hardwa	are was not latching within the						
	frame.							
	NFPA 101, 8.3.3.1 (2012 Edition), NFPA 80,						
				7.17				

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If continuation sheet 4 of 5

No. 3535 P. 25

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Division	of Health Care Faci	lities			<u> </u>	- · · · · · ·
STATEMEN AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER;	1 ' '	CONSTRUCTION 11 - MAIN BUILDING 01	(X3) DATE COMP	SURVEY PLETED
		TN9505	8, WING		05/0	06/2019
NAME OF	PROVIDER OR SUPPLIER	STREETAD	DRESS, CITY, ST	TATE, ZIP CODE		
QUALITY	CENTER FOR REHA	ΕΙΙ ΙΤΑΤΙΟΝ ΔΝΠ	OOUR PARKW N, TN 37087			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL GC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
N 831	Continued From pa	ge 4	N 831			
	6.4.4.1 (2010 Editio	n) "				
	revealed panic hard installed on the 4 ho	05/06/2019 at 8:35 PM, ware on the 3 hour fire doors our fire wall by room 110. 2012 Edition), NFPA 80,			Wang a	
		05/06/2019 at 8:45 PM, bles between studs by room 012 Edition)			я	
		05/06/2019 at 9:00 PM, hole in the 4 hour fire wall by 2012 Edition)			22	
	The Maintenance D Administrator was p acknowledged them on 05/06/2019.	irector and Facility resent for the findings and aduring the exit conference		~		
				- MS		
ser .						

Division of Health Care Facilities STATE FORM

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If continuation sheet 5 of 5